

Application Data Sheet

Application Information

Application number::

Filing Date:: January 30, 2004

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: INFLATABLE POROUS IMPLANTS AND
METHODS FOR DRUG DELIVERY

Attorney Docket Number:: 021630-004500US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: G.
Family Name:: Whirley
Name Suffix::
City of Residence:: Santa Rosa
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 3709 Paxton Place
City of Mailing Address:: Santa Rosa
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95404

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: M.
Family Name:: Shapiro
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 3880 Washington Street
City of Mailing Address:: San Francisco
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 94118

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: TriVascular, Inc.
Street of mailing address:: 3660 North Laughlin Road
City of mailing address:: Santa Rosa
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95403